



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Compliance Toxicology

Respondent Name

Old Republic Insurance Co

MFDR Tracking Number

M4-16-0420-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

October 16, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The USPS tracking information from June 25, 2015 (attached) showed delivered to Dallas, Forwarded to Addison, Moved, Left no Address, and finally delivered to PO in Dallas. As Mr. White quotes in his letter, failure to submit a timely clean claim does not forfeit the provider's right to reimbursement. We believe we supplied sufficient proof to support a timely filing exception per \$408.27 should the Review Officer find that our corrective claims with the CLFS Interim G Codes constitutes a new claim."

Amount in Dispute: \$2,861.80

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Requestor has no submitted any, let alone satisfactory, proof that the corrected billing was erroneously sent to one of the above entity types. The Provider should have submitted the corrected billing in a timely manner and contacted the Respondent prior to the expiration of the 95th day to ensure their billing has been received. The only exceptions to the 95-day Rule are noted above and none apply to this situation."

Response Submitted by: White Espey, PLLC

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 3, 2015	Urinary Drug Screen	\$2,861.80	\$246.94

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203 sets out reimbursement guidelines for professional medical services.
3. 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:

Explanation of benefits dated July 31, 2015

- 29 – Time limit for filing claim/bill has expired

Explanation of benefits dated September 14, 2015

- 29 – Time limit for filing claim/bill has expired
- 193 – Original payment decision maintained

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Are the submitted codes separately payable?
3. What is the applicable rule pertaining to reimbursement?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The services in dispute were returned by the carrier on two different dates. Review of the original claim finds submitted codes; G0431, 82570, 83986, 82542, 81003, 84311, 80154, 83788, 82145, 82205, 82520, 83840, 83805, 83925, 80152, 80182, 80184, 82205, 82646, 82649, 83789 -59, 83992. The following CPT codes are found in the 2015 Clinical Laboratory Fee Schedule and will be reviewed per applicable fee guidelines. The codes not found are; 80154, 82145, 82205, 82520, 83840, 83805, 83925, 80152, 80182, 82205, 82646, 82649. These codes were corrected and denied for timely filing. These denials are discussed below.

The insurance carrier denied disputed services with claim adjustment reason code 29 – “Time limit for filing claim/bill has expired.” 28 Texas Administrative Code §133.20 (b) states,

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. In accordance with subsection (c) of the statute, the health care provider shall submit the medical bill to the correct workers' compensation insurance carrier not later than the 95th day after the date the health care provider is notified of the health care provider's erroneous submission of the medical bill. A health care provider who submits a medical bill to the correct workers' compensation insurance carrier shall include a copy of the original medical bill submitted, a copy of the explanation of benefits (EOB) if available, and sufficient documentation to support why one or more of the exceptions for untimely submission of a medical bill under §408.0272 should be applied. The medical bill submitted by the health care provider to the correct workers' compensation insurance carrier is subject to the billing, review, and dispute processes established by Chapter 133, including §133.307(c)(2)(A) - (H) of this title (relating to MDR of Fee Disputes), which establishes the generally acceptable standards for documentation..

The requestor states in their position statement, “The USPS tracking information from June 25, 2015 (attached) showed delivered to Dallas...” The 95th day from the date of service is June 6, 2015. This was a Saturday, the next business day was Monday, June 8th, 2015. The Division finds the only evidence submitted by the requestor supporting timely submission was this statement and attachment. This date is after the 95th day. The denial for the corrected claims is supported. However, the claim lines that were valid on the original date of submission will be reviewed per applicable rules and fee guidelines.

2. 28 Texas Administrative Code 134.203(b) states,

For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:

- (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers;

The 2015 National Correct Coding Initiative Policy Manual for Medicare Services, Chapter 10, Section E. "Drug Testing" found at www.cms.hhs.gov states, "Providers performing validity testing on urine specimens utilized for drug testing should not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed."

The codes in dispute billed as, 82570 – "Creatinine; other source" and 83986 – "pH; body fluid, not otherwise specified" are not separately payable based on the above. No additional payment can be recommended. The remaining codes, G0431, 82542, 81003, 84311, 83788, 80184, 83789 and 83992 were valid at the time of submission and will be reviewed be applicable rules and fee guidelines.

3. 28 Texas Administrative Code §134.203(e) states,

The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service; and,
- (2) 45 percent of the Division established MAR for the code derived in paragraph (1) of this subsection for the professional component of the service.

CMS payment policy files identify those clinical laboratory codes which contain a professional component, and those which are considered technical only. The remaining codes in dispute are not identified by CMS as having a possible professional component, for that reason, the MAR is determined solely pursuant to 28 TAC §134.293(e)(1). The maximum allowable reimbursement (MAR) for the services in dispute is 125% of the fee listed for the codes in the 2015 Clinical Diagnostic Laboratory Fee Schedule found at <http://www.cms.gov>. The total MAR is calculated as follows:

Date of service	Submitted Code	Submitted charge	Units	MAR
March 3, 2015	G0431	\$360.00	1	\$75.63 x 125% = \$94.54
March 3, 2015	82542	\$75.00	1	\$24.58 x 125% = \$30.73
March 3, 2015	81003	\$35.00	1	\$3.06 x 125% = \$3.83
March 3, 2015	84311	\$30.00	1	\$9.52 x 125% = \$11.90
March 3, 2015	83788	\$75.00	1	\$24.58 x 125% = \$30.73
March 3, 2015	80184	\$85.00	1	\$15.58 x 125% = \$19.48
March 3, 2015	83789	\$85.00	1	\$24.58 x 125% = \$30.73
March 3, 2015	83992	\$216.80	2	\$20.00 x 125% = \$25.00
		Total		\$246.94

4. The maximum allowable reimbursement is \$246.94. The carrier previously paid \$0.00. The amount due to the requestor is \$246.94.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$246.94.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$246.94 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	December , 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.